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U.S. PTO17513
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10/810548

PTO/SB/50 (06-03)

Approved for use through 01/31/2004. OMB 0651-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	98/07179Reissue		
	First Named Inventor	Paul Uitenbroek		
	Original Patent Number	6,360,719		
	Original Patent Issue Date (Month/Day/Year)	3/26/02		
	Express Mail Label No.	EV 368 069 203 US		

APPLICATION FOR REISSUE OF: (Check applicable box)	<input checked="" type="checkbox"/> Utility Patent	<input type="checkbox"/> Design Patent	<input type="checkbox"/> Plant Patent
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APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173(c). see preliminary amendment 11. <input type="checkbox"/> Original Patent Grant <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)	
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)		12. <input checked="" type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)	
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)		13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations	
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. 1.175) (PTO/SB/51 or 52)		14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)	
6. <input checked="" type="checkbox"/> Power of Attorney		15. <input checked="" type="checkbox"/> Preliminary Amendment	
7. <input checked="" type="checkbox"/> Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input checked="" type="checkbox"/> 37 C.F.R. 3.73(b) Statement (PTO/SB/96) 		16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table		17. Other: <u>Assignment with Recordation Form</u> <hr/> <hr/>	
9. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all of the following are necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies 			

18. CORRESPONDENCE ADDRESS

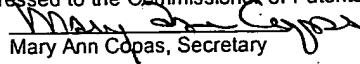
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Name (Print/Type)	Robert W. Becker	Registration No. (Attorney/Agent)	26,255
Signature	<u>Robert W. Becker</u>	Date	March 26, 2004

"Express Mail" Mailing Label Number EV 368 069 203 US

Date of Deposit March 26, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner of Patents, Alexandria, Virginia 22313-1450, Mails Stop Reissue


Mary Ann Copas, Secretary

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U.S.PTO

PTO/SB/56 (06-03)

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
98/07179 Reissue

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 15	Total Claims (37 CFR 1.16(j))	(B) 31	**** 11 =	x \$ 9 =	99	or	x \$ _____ =
(C) 4	Independent claims (37 CFR 1.16(l))	(D) 6	* 2 =	x \$ 43 =	86		x \$ _____ =
				Basic Fee (37 CFR 1.16(h))	\$385		
				Total Filing Fee	\$570	OR	\$ _____

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(l))	***	MINUS	*****	=	x \$ _____ =			x \$ _____ =
				Total Additional Fee			OR	\$ _____

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed. The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 02-1653, now or in the future
A duplicate copy of this sheet is enclosed. A check in the amount of \$ \$610.00 to cover the filing/additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.
\$570.00 filing fee
\$ 40.00 assignment fee

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

March 26, 2004

Date

26,255

Registration Number, if applicable

Signature of Applicant, Attorney or Agent of Record

Robert W. Becker

Typed or printed name

"Express Mail" Mailing Label Number EV 368 069 203 US

Date of Deposit March 26, 2004

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Mary Ann Copas, Secretary